Please amend this application as follows:

IN THE SPECIFICATION



Page 9, between lines 20 and 21, add

-- The invention also concerns the use of such antibodies in reducing the probability of incidence of organ failure after a polytraumatic event, by administering anti-selectin antibodies in a pharmaceutically acceptable carrier in an amount sufficient to reduce the probability of incidence of organ failure, such as multiple organ failure. The antibodies can be humanized, and may be directed against L-selectin, P-selectin, and/or E-selectin. Especially preferred are anti-L-selectin antibodies Dreg 55 or HuDreg 55.

IN THE CLAIMS

Cancel claims 1-21, 24-26 and 28 without prejudice. Amend claims 22 &23, and add claims 29-45 which follow.

Claim 22 (amended)

A method for <u>prevention of multiorgan</u> [reducing the probability of incidence of organ] failure after a polytraumatic event, comprising administering an amount of an anti-<u>L</u>-selectin antibody in a pharmaceutically acceptable carrier to said patient, in an amount sufficient to [reduce probability of incidence of] prevent said multiorgan failure.

Claim 23 line 1: after "anti-", add --L--.

Claim 29 A method for treating a patient who has suffered a severe polytraumatic event, comprising administering to said patient a therapeutically effective amount of an anti-L-selectin antibody in a pharmaceutically acceptable carrier to said patient.

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Claim 30 The method of claim 29, comprising administering a dose of from 1.0 to 10 mg/kg of body weight of said patient to said patient, from 1 to 5 times after suffering said severe polytraumatic event. eg 10

Claim 31 The method of claim 29, comprising administering a first dose of said anti-L-selectin antibody from 0.5 to 8 hours after said severe polytraumatic event.

Claim 32 The method of claim 31, comprising administering said first dose from 0.5 to 4 hours after said severe polytraumatic event.

Claim 33 The method of claim 30 comprising administering doses of said anti-L-selectin antibody at intervals of from 6 to 72 hours.

Claim 34 The method of claim 33, comprising administering doses of said anti-L-selectin at intervals of from 6 to 36 hours.

Claim 35 The method of claim 29, comprising administering said anti-L-selectin antibody up to 10 days after said severe polytraumatic event.

Claim 37 The method of claim 36, wherein a dose of up to 10 mg/kg is administered to a patient in whose serum or plasma concentration of anti-L-selectin antibody is less than $10 \mu\text{g/ml}$.

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The method of claim 36, wherein a dose which is half of a prior dose of anti-L-Claim 38 selectin antibody is administered to a patient in whose serum or plasma concentration of anti-Lselectin antibody is between 10 μ g/ml and 50 μ g/ml.

The method of claim 29, wherein said anti-L-selectin antibody is a humanized Claim 39 antibody.

Claim 40 The method of claim 39, wherein said humanized antibody is HuDreg 55 or HuDreg 200, wherein antibody HuDreg55 comprises a light chain variable region having an amino acid sequence as set forth in SEQ ID NO:2 and a heavy chain variable region having an amino acid sequence as set forth in SEQ ID NO:4, and antibody HuDreg200 comprises a light chain variable region having an amino acid sequence as set forth in SEQ ID NO:5 and a heavy chain variable region having an amino acid sequence as set forth in SEQ ID NO:6.

Claim 41:

A method for preventing acute organ damage associated with extracorporeal circulation of a patient's blood through a heart-lung machine, comprising contacting said patient's blood when it is circulating through said heart-lung machine with a pharmaceutical composition with and anti-Lselectin antibody in a pharmaceutically acceptable carrier 1-30 minutes prior to terminating extracorporeal circulation through said heart-lung machine, at a dose of 1.0 - 10 mg/kg of body weight of said patient.

Claim 42:

The method of claim 41, wherein said dose contains from 2.0 - 4.0 mg/kg of body weight of said patient.

Claim 43:

The method of claim 41, wherein said anti-L-selectin antibody is a humanized monoclonal antibody.